BELLINGHAM REGIONAL MICROENTERPRISE COVID-19 GRANT PROGRAM
PRELIMINARY APPLICATION

(For businesses located in Bellingham, Foxborough, Franklin, Medfield, Walpole, and Wrentham)

BUSINESS INFORMATION

Business Legal Name:_____

Business DBA Name (if different): _____

Business Street Address: _____Town:_____

Business Phone Number: _____ Business Email: _____

Business website (if applicable): _____ Check if Home-Based Business ☐

FEIN or SSN: _____ DUNS Number: _____ DUNS Application Submitted:_____

Business Type: (Check one) ☐Corporation ☐LLC ☐Sole Proprietorship ☐Partnership

☐ Other (Describe):_____

Ownership status of business address: (Check one)

☐ Business Owns ☐ Business Rents ☐ Business Owner Owns ☐ Business Owner Rents

Number of business owners: _____ (Complete a business owner page for each owner)

Total Number of employees (including business owners: _____ Date business established:_____

Briefly describe the nature of your business: (type of goods or services provided, types of clients/customers)____

_____

_____

Briefly describe the impact Covid-19 has had on your business:

Status (Open, temporarily closed by gov/t order, Re-opened at reduced capacity, etc.):

_____

Financial Impact of Covid-19 on business: _____

_____

Is your business still affected by the pandemic? ☐ Yes ☐ No

If yes, please describe how (briefly): _____

_____

Estimate Amount of funding needed ($10,000 maximum): $_____

Proposed use of funds: _____

I/We certify that this business is not in litigation with the state or municipality, is current with taxes and municipal fees through 3/1/2020, is not an excluded business type and holds all required licenses and registrations required for my/our business. (see instructions).

Owner(s) Signatures: _____ _____

_____ _____ (all owners must sign)

BUSINESS OWNER INFORMATION
(This page must be completed for each Business Owner – Copy as needed)

Business Owner Name**:** _____

Owner Address: _____ City/Town: _____ State: _____

Owner Primary Phone: _____ Alternate Phone: _____

Owner Email Address: _____

Owner SSN: _____

Number of Family Members residing in Owner's Home:(Including children): _____

Number of Adult Family Members (18 years or older) residing in Owner's home: _____

Number of Adult Family Members (18 years or older) in Owners home who are full-time students: ____

Complete the following chart to show Family Composition (include children)

Name	Birthdate	SSN	Relationship to Applicant	Source(s) of Income
			APPLICANT	

Does any member of the owner's immediate family (spouse, parents, children or siblings) work (whether full- or part-time) as an employee or serve as an elected or appointed official (whether paid or unpaid) of the Towns of Bellingham, Foxborough, Franklin, Medfield, Walpole, or Wrentham?

☐ Yes ☐ No If yes,

Relative's Name: _____ Position Held: _____

I certify under pains and penalties of perjury that the information presented above is true and accurate to the best of my knowledge. I further recognize that if this preliminary application is accepted as eligible that I will have to provide documentation of income for all family members listed above.

_____ _____

Business Owner's Signature Date

Print Name: _____

(if the business has more than one owner, each owner must complete this owner information form – copy this page as needed)

Duplication of Benefits Certification Form

I/We, _____

_____

(Printed Name(s) and Title(s) of Business Owner(s)

Hereby certify that:

A. The Community Development Block Grant-CV Funds, awarded to the city/town of Bellingham, MA for a Regional Microenterprise Grant Program including the towns of Bellingham, Foxborough, Franklin, Medfield, Walpole and Wrentham through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) from which my/our business has applied for or received a grant, does not duplicate/replace any other funds, from the following sources:

1. The Paycheck Protection Program
2. Unemployment compensation benefits
3. Insurance claims/proceeds
4. Federal Emergency Management Agency (FEMA) funds
5. Small Business Administration funds
6. Other Federal, State, or local funding
7. Other nonprofit, private sector, or charitable funding.

B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

_____ _____

Business Owner Signature Date

Printed Name:_____

_____ _____

Business Owner Signature Date

Printed Name:_____

_____ _____

Business Owner Signature Date

Printed Name:_____

(To be signed and dated by all business owners)

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INSTRUCTIONS FOR SUBMITTING YOUR PRELIMINARY APPLICATION

APPLICATION DEADLINE

October 7, 2020 at 4:30 P.M.

Applications may be submitted in the following ways but must be received by the deadline to be included in the Lottery for the Town in which your application is located.

Applications received after the deadline will be added to the bottom of the appropriate Town's waiting list in the order received after the lottery. Applications will continue to be accepted after the lottery until all funding is expended.

A COMPLETE APPLICATION INCLUDES THE FOLLOWING

- Completed Business Information Page signed by all Business Owners
- Completed and signed Business Owner Information Page ***for each business owner*** (copy as needed)
- Duplication of Benefits Certification Form

WAYS TO SUBMIT YOUR APPLICATION

1. By Mail to:
   Bellingham Community Development Office
   2 Mechanic Street – Old Town Hall
   Bellingham, MA 02019
   Attention: Paula Stuart
2. By secure, encrypted email:
   Go to www.Sendinc.com and create an account (it's free and takes only a minute)
   Scan your signed application and email it via Sendinc to:
   pstuart@cogincorp.com Use the Subject line "Microenterprise Grant Application."
   Your information will be encrypted for security and you will be notified by return email (within 24 hours) when your application is received.
3. By standard (non-encrypted email) to:
   pstuart@cogincorp.com Use the subject line "Microenterprise Grant Application."
   If you do not wish to set up a free Sendinc.com account, we will accept applications by regular email, but you do so at your own risk.
4. By drop off at the Community Development Office (see address in #1 above). The building is open from 8:30 a.m. to 4:30 p.m. Monday through Friday but the Community Development Office door will be closed. You may place your application in an envelope and slide it under the door. Applications will be picked up 1-2 times a week as staff are working remotely.

If you have questions, call Paula Stuart at 617-388-1331